

## SUPPLEMENTAL REPORT – HAULED IN MUNICIPAL WASTES

Facility Name: New Castle WWTP  
Municipality: New Castle City County: Lawrence  
Watershed: 20-B

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0027511  
Renewal application due **180 days** prior to expiration  
This permit will expire on February 28, 2018

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	Disposal Location	Gallons	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	Disposal Location	Gallons	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	Disposal Location	Gallons	BOD <sub>5</sub> (lbs)
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2														
3														
4														
5														
6														
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31														
Avg												Monthly Totals:		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING  
HAULED IN MUNICIPAL WASTES  
SUPPLEMENTAL REPORT**

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other municipal wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
2. For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD<sub>5</sub> concentration (average), the daily BOD<sub>5</sub> load in lbs (average), and the disposal location. For disposal location, specify the plant location or tank receiving hauled in wastes (e.g., headworks, primarily clarifier, digester, etc.).
3. Determine daily BOD<sub>5</sub> concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
4. Calculate the average, daily total and monthly total values and report the values in the spaces provided.
5. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.